STATEMENT OF OPGANIZATION
STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  JUL 2 0 2004
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
( See Reverse Sine For Instructions)
isovernmental Ethics Commiss
This is an (check one) Initial Statement X Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Konza Teachers PAC
Mailing Address (Street, City, State, Zip Code)  Business Telephone
715 SW Tenth Street Topeka, KS 66612 ( 785 ) 232-8271
CHAIRPERSON
Name Home Telephone
GARRY Stewzel (785) 632-2463
Mailing Address (Street, City, State, Zip Code)  Business Telephone
802 PARKWAY, Clay Center, KS 67432 (785) 632-2131
TREASURER
Name Home Telephone Same as Chairperson ( )
Mailing Address (Street, City, State, Zip Code)  Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Kansas National Education Association
Mailing Address (Street, City, State, Zip Code)
715 SW Tenth Street Topeka, KS 66612
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
SIGNATURE:
"I declare that this statement has been examined by me and to the best of my knowledge and
belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."
(Date) Signature of Chairperson)
Governmental Ethics Commission Rev.2000